

## **NGB J1 Policy White Paper**

### COVID-19 – T32 IDT/AT Personnel Impacts

- COVID-19 presents unique Title 32 personnel challenges for NG training and assemblies. Protection of NG members, our workforce, their families and communities is a critical priority.
- Title 32 authorities prescribed in law, policy and regulation afford TAGs and commanders maximum flexibility and authority in cancelling or rescheduling assemblies, prescribing alternate training plans or changing training schedules based on military necessity and force protection. Additional training guidance is anticipated for alternate and online training options. ANGI 36-8001 provides current policy on distance/telework for ANG members.
- State National Guard Units must ensure that NGR 350-1 and ANGI 36-2001 are followed with regard to changes or amendments to their training plan. DoDI 1215.06 limits rescheduling and performance of AT for the purpose of domestic incident response—but there is not a prohibition on rescheduling based on force health protection.
- In the event a Service Member (SM) is experiencing cold, fever, or flu-like symptoms, a commander has the authority to excuse the SM from IDT or AT. If the SM begins to experience symptoms while at IDT or AT, the SM should seek medical care at a Military Treatment Facility (MTF) or urgent care and should not return to duty until asymptomatic. For AGRs, Technicians, Civilians and ADOS: normal sick leave procedures apply. CDC and DoD guidance on travel, social distancing, and to avoid large gatherings is evolving.
- Commanders should ensure accountability of affected personnel is maintained and force monitoring and protection CCIRs are reported. CCIRs include: cases (tested and confirmed positive COVID-19), hospitalized cases, recovered, and deaths.
- Commanders may seek advice or guidance from the State Surgeon or Medical Detachment on specific questions or concerns.
- No policy changes or unique guidance relating to LODs has been issued by DoD at this time.
- DoDI 6200.03 Public Health Emergency Management delineates a commander's emergency health powers and restriction of movement roles and responsibilities. *Restrictions of movement, including isolation, quarantine, conditional release, or any other measure necessary to prevent or limit a SM transmitting a communicable disease and enhance public safety may be implemented. In the U.S., restriction of T32 NG movement should be considered in coordination with the local CDC quarantine officer and state health officials.*
- Commanders cannot limit the movement of NG personnel when NOT serving in a duty status. NG personnel that have travelled to, or are returning from an area where they may have been exposed to a confirmed case of COVID-19, or been in contact with individuals who may have been exposed to a confirmed case of a COVID-19 should contact their chain of command prior to reporting for a training assembly to assess their drilling options. Commanders should ask unit members to report travel to restricted areas to assist in IDT attendance decision making.

---

References:

- a. Title 32 U.S.C. §502 (a) and (b).
- b. DoDI 1215.06, Uniform Reserve, Training, and Retirement Categories for the Reserve Components, 11 Mar 14, Change 1, eff. 19 May 15.
- c. DoDI 6200.03, Public Health Emergency Management, 28 Mar 19.
- d. NGR 350-1, Army National Guard Training, 4 Aug 09.
- e. ANGI 36-2001, Management of Training and Operational Support Within the Air National Guard, 30 Apr 19.